

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## ZUMBA® Fitness Class

### Program Description:

ZUMBA® Fitness is a high energy, fast-paced total body workout using a spicy, upbeat mixture of Latin and international music such as salsa, merengue, samba, belly dancing, hip-hop and many other beats. It is a cardio class that combines dance moves and fitness elements. Be prepared to shimmy and shake! You are guaranteed to have fun and burn calories! No prior experience is necessary. Bring a towel and water! Wear comfortable clothes and sneakers with a smooth bottom.

**Who:** For Ages 16 and Up

**Where:** Grimes Community Complex Gym

**Date:** Mondays & Wednesdays, March 26 – May 2, 2012

**Time:** 6:00pm - 7:00pm

**Instructor:** Katie Crow, Certified Zumba instructor



**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director, by calling 515-986-2143 or email at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us).

**Registration:** Register online at [www.grimesiowa.gov](http://www.grimesiowa.gov) or by stopping into the GCC. You can also mail in registrations to Grimes Parks and Rec Office at 410 SE Main Street Grimes, IA 50111.

**Cost:** \$35.00 per person (6-weeks) or \$60 for twice a week (starting March 26)  
Drop-in for a \$7 class

### 2012 "Zumba® Spring Fitness Class" Registration Form

PARTICIPANT'S NAME: \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Please circle one:**      Mondays & Wednesdays      Monday Only      Wednesday Only

Cost is \$35.00 per person (6-weeks), \$60 for twice a week, or drop-in for a \$7 class

#### Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance, I hereby release the City of Grimes, its employees, associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, associated with this program for any claim, which may hereafter be presented on behalf of myself as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Grimes Parks and Recreation Office ~ 410 SE Main St. in Grimes**